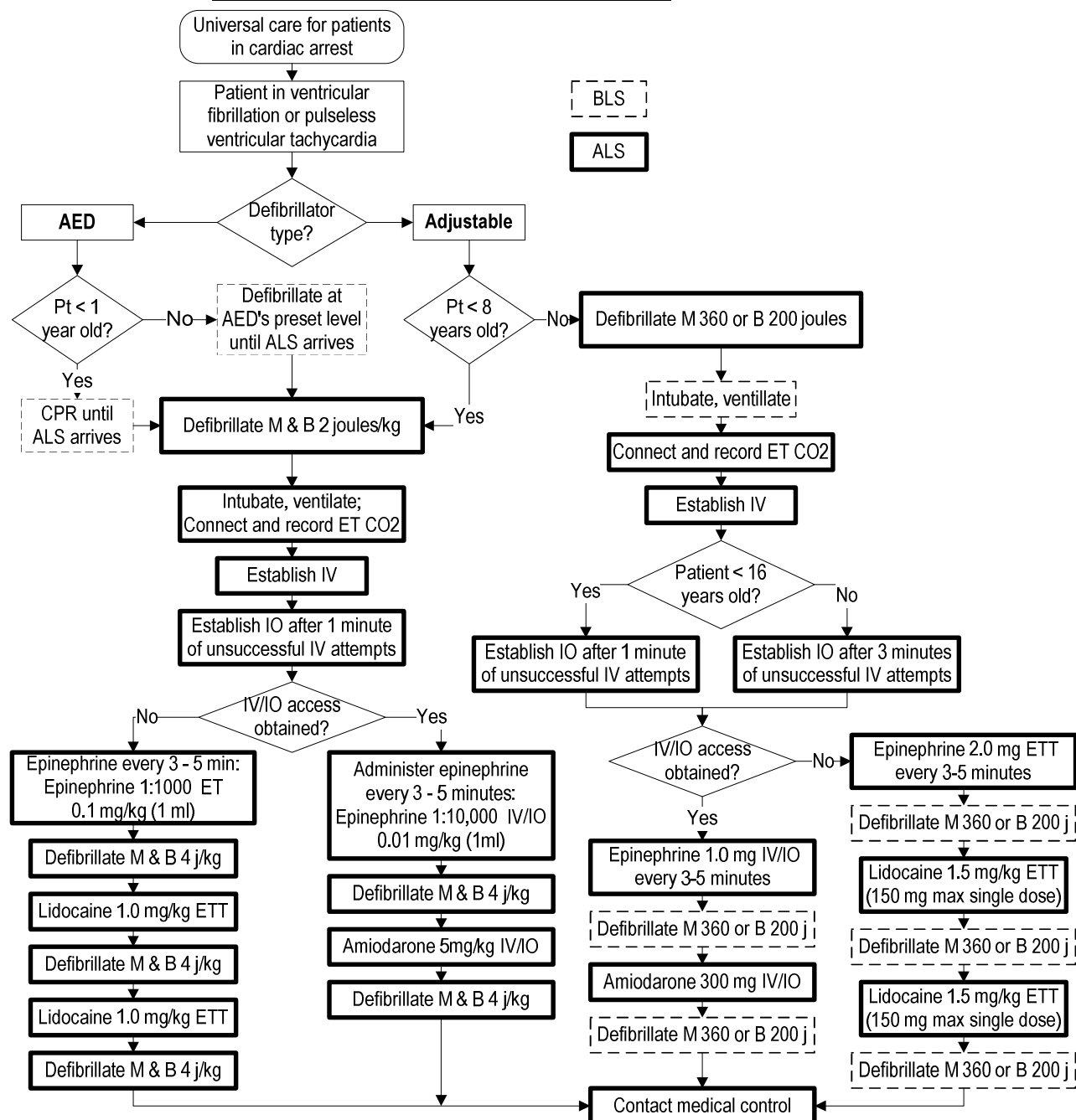


OR PULSELESS VENTRICULAR TACHYCARDIA



NOTES:

- Give single shocks only
- Resume CPR immediately after shock for 2 minutes prior to re-checking rhythm
- Advanced airway management and/or medication administration should not interrupt CPR for >10 seconds
- When unable to establish an IV or IO:
 - epinephrine may be administered via ETT at 2.0 mg doses.
 - lidocaine may be administered at 1.5 mg/kg (max dose 150 mg) via ETT prior to contacting medical control.
 - Amiodarone **may not** be administered via ETT.
- Document use of monophasic or biphasic waveform and the amount of energy used for defibrillation.
- Routine use of Amiodarone or lidocaine after successful defibrillation is no longer indicated unless the patient shows signs of ectopy.